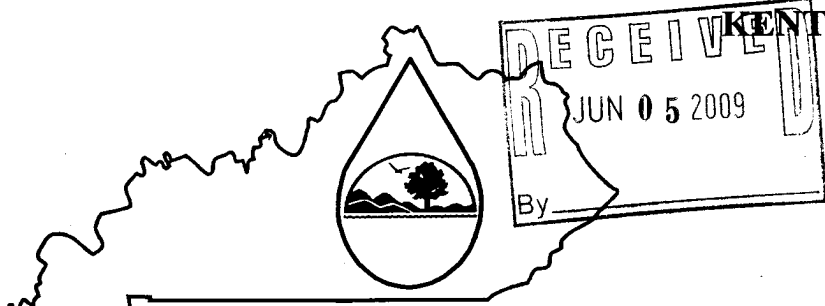


KPDES FORM 1

AZ# 883



KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

PERMIT APPLICATION

This is an application to: (check one)

- ☐ Apply for a new permit.
☒ Apply for reissuance of expiring permit.
☐ Apply for a construction permit.
☐ Modify an existing permit.
 Give reason for modification under Item II.A.

A complete application consists of this form and one of the following:

Form A, Form B, Form C, Form F, or Form SC

For additional information contact:
 KPDES Branch (502) 564-3410

CLC 200-

I. FACILITY LOCATION AND CONTACT INFORMATION		AGENCY USE
A. Name of business, municipality, company, etc. requesting permit		0040240
WILLIAM MEDLEY & ASSOCIATES		
B. Facility Name and Location	C. Primary Mailing Address (all facility correspondence will be sent to this address). Include owner mailing address on a separate sheet if different.	
Facility Location Name: WILLIAM MEDLEY & ASSOCIATES	Facility Contact Name and Title: Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> WILLIAM MEDLEY	
Facility Location Address (i.e. street, road, etc., not PO Box): 201 CHURCH ST.	Mailing Address: 1835 LEXINGTON AVE.	
Facility Location City, State, Zip Code: STANLEY, KY. 42375	Mailing City, State, Zip Code: OWENSBORO, KY. 42301	
Facility Contact Telephone Number: 270-683-8990		

II. FACILITY DESCRIPTION			
A. Provide a brief description of activities, products, etc: WAREHOUSE & STORAGE			
B. Standard Industrial Classification (SIC) Code and Description			
Principal SIC Code & Description: 4225	WAREHOUSE & STORAGE		
Other SIC Codes:			

III. FACILITY LOCATION	
A. Attach a U.S. Geological Survey 7 1/2 minute quadrangle map for the site. (See instructions)	
B. County where facility is located: DAVISS	City where facility is located (if applicable): STANLEY
C. Body of water receiving discharge: FULKERSON DITCH	
D. Facility Site Latitude (degrees, minutes, seconds): 37 49 31	Facility Site Longitude (degrees, minutes, seconds): 87 14 30
E. Method used to obtain latitude & longitude (see instructions):	
F. Facility Dun and Bradstreet Number (DUNS #) (if applicable):	

IV. OWNER/OPERATOR INFORMATION**A. Type of Ownership:**

☐ Publicly Owned ☒ Privately Owned ☐ State Owned ☐ Both Public and Private Owned ☐ Federally owned

B. Operator Contact Information (See instructions)

Name of Treatment Plant Operator:

BOB STOVALL

Telephone Number:

270-684-5654

Operator Mailing Address (Street):

P.O. BOX 661

Operator Mailing Address (City, State, Zip Code):

OWENSBORO, KY. 42302

Is the operator also the owner?

Yes ☐ No ☒

Is the operator certified? If yes, list certification class and number below.

Yes ☒ No ☐

Certification Class:

CLASS IV

Certification Number:

8330**V. EXISTING ENVIRONMENTAL PERMITS**

Current NPDES Number:

KY0040240

Issue Date of Current Permit:

MARCH 31, 05

Expiration Date of Current Permit:

MARCH 31, 2010

Number of Times Permit Reissued:

Date of Original Permit Issuance:

Sludge Disposal Permit Number:

Kentucky DOW Operational Permit #:

Kentucky DSMRE Permit Number(s):

Which of the following additional environmental permit/registration categories will also apply to this facility?

CATEGORY	EXISTING PERMIT WITH NO.	PERMIT NEEDED WITH PLANNED APPLICATION DATE
Air Emission Source		
Solid or Special Waste		
Hazardous Waste - Registration or Permit		

VI. DISCHARGE MONITORING REPORTS (DMRs)

KPDES permit holders are required to submit DMRs to the Division of Water on a regular schedule (as defined by the KPDES permit). Information in this section serves to specifically identify the name and telephone number of the DMR official and the DMR mailing address (if different from the primary mailing address in Section I.C).

A. DMR Official (i.e., the department, office or individual designated as responsible for submitting DMR forms to the Division of Water):

WILLIAM MEDLEY

DMR Official Telephone Number:

270-683-8990**B. DMR Mailing Address:**

- Address the Division of Water will use to mail DMR forms (if different from mailing address in Section I.C), or
- Contact address if another individual, company, laboratory, etc. completes DMRs for you; e.g., contract laboratory address.

DMR Mailing Name:

PIONEER WATER QUALITY CONTROL, LLC

DMR Mailing Address:

P.O. BOX 661

DMR Mailing City, State, Zip Code:

OWENSBORO, KY. 42302


VII. APPLICATION FILING FEE

KPDES regulations require that a permit applicant pay an application filing fee equal to twenty percent of the permit base fee. Please examine the base and filing fees listed below and in the Form 1 instructions and enclose a check payable to "Kentucky State Treasurer" for the appropriate amount (for permit renewals, please include the KPDES permit number on the check to ensure proper crediting). Descriptions of the base fee amounts are given in the "General Instructions."

Facility Fee Category: SMALL NON P.O.T.W.	Filing Fee Enclosed: \$200.00
---	---

VIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print): Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> WILLIAM MEDLEY	TELEPHONE NUMBER (area code and number): 270-683-8990
SIGNATURE 	DATE: 6-3-09

KPDES FORM 1 -- INSTRUCTIONS

Listed below are explanations of select Form 1 questions. If further information is needed concerning any question, please contact Division of Water, KPDES Branch at (502) 564-3410.

I. Facility Location and Contact Information

- A. Use the official or legal name of the business, company, municipality, etc. requesting permit.
- B. The facility name should be the name by which the facility is commonly known and/or uniquely identified. The information given as the facility name and location address should be the actual location of the facility (i.e. road name, highway number, not the P O Box address).
- C. The primary mailing address should be the legal permittee of record and is the address where correspondence regarding the application, permit, etc. for the facility will be sent unless otherwise indicated. The owner mailing address is to be provided on a separate sheet if different from the primary mailing address.

II. Facility Description

- A. Briefly describe the nature of the business and the activities being conducted that require a KPDES permit.
- B. The SIC codes are numbers and descriptions of activities classified by the Executive Office of the President, Office of Management and Budget. These are found in the 1987 Edition of the Standard Industrial Classification (SIC) Manual. List the SIC codes(s) that best describe the products or services provided by the facility in descending order of importance. If an SIC code book is not available, please describe in detail the nature of the business and activities conducted so that an appropriate code can be assigned.

III. Facility Location

- A. Attach a U.S. Geological Survey (USGS), 7 1/2 minute topographic quadrangle map(s) extending at least one mile beyond the property boundary of the discharge source. Depict or mark the facility and each of its intake and discharge structures. Also mark the locations of those wells, springs, surface water bodies, and drinking water wells listed in public records or otherwise known to the applicant within one-quarter mile of the facility property boundary. USGS maps may be obtained from the University of Kentucky, Mines and Minerals Bldg. Room 106, Lexington, Kentucky 40506. Phone: (859) 257-3896.
- B. List the county and, if applicable, city where facility is located.
- C. List the body of water receiving discharge.
- D. List the latitude and longitude for the facility site. The latitude/longitude reading for the site should be taken at the influent to the wastewater treatment plant, if applicable.
- E. List the method used to obtain the latitude and longitude (i.e. topo map coordinates, GPS reading, etc.)
- F. List the facility's Dun and Bradstreet Number if applicable.

IV. Owner/Operator Information

- A. Place a check in the applicable type ownership as listed.
- B. These sections must be completed by **all municipal and sanitary wastewater applicants** and other facilities as applicable.

List the name and address of the person who operates the sewage treatment plant.

Indicate if the operator is also the owner.

The operator must be currently certified with the Division of Water. For information concerning those requirements, contact: Division of Water, Certification Section, at (502) 564-3410.

List the Operator's Certification Class and Certification Number.

- V. List any existing environmental permits which the facility has or will be applying for.

- VI. List the address where Discharge Monitoring Report (DMR) forms are to be mailed.

VII. Application Filing Fee

The payment of a filing fee as listed below must accompany the application for a KPDES Permit. (Your check must be made payable to "Kentucky State Treasurer." For permit renewals, to ensure your account is properly credited, please include the KPDES permit number on the check.) This fee will be applied toward the final discharge permit fee. The filing fee is not refundable if the application is withdrawn or the permit is denied. Listed below are the facility categories, associated base fees, and application filing fees. (See the "General Instructions" for definitions of facility categories.)

Facility Category	Base Fee	Application Filing Fee
Major Industry	\$3,200	\$640
Minor Industry	\$2,100	\$420
Non-Process Industry	\$1,000	\$200
Large Non-POTW	\$1,700	\$340
Intermediate Non-POTW	\$1,500	\$300
Small Non-POTW	\$1,000	\$200
Agriculture	\$1,200	\$240
Surface Mining Operation	\$1,200	\$240
501(c)(3)	\$100	\$20

If this application is for a new project, see the General Instructions for the applicable Construction Permit fee.

A permit application cannot be processed unless the application filing fee and (if applicable) construction permit fee is enclosed.

Make your check payable to "Kentucky State Treasurer."

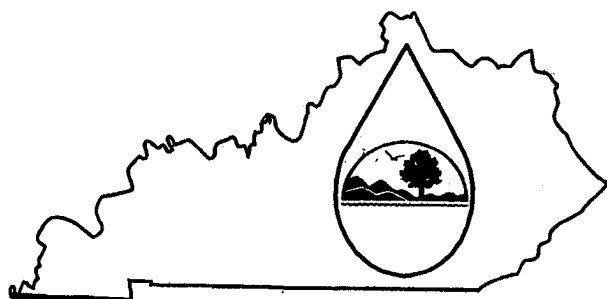
VIII. Certification

The permit application must be signed as follows:

Corporation: by a principal executive officer of at least the level of vice president.

Partnership or sole proprietorship: by a general partner or the proprietor respectively.

Municipality, state, federal, or other public agency: by either a principal executive officer or ranking elected official.



KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

PERMIT APPLICATION

A complete application consists of this form and Form 1.
For additional information, contact: KPDES Branch, (502) 564-3410.

NAME OF FACILITY: WILLIAM MEDLEY & ASSOCIATES							
I. FACILITY DISCHARGE FREQUENCY				AGENCY USE		<div style="display: flex; justify-content: space-around; width: 100%;"> 0040240 </div>	
A. Do discharge(s) occur all year? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (Complete Item IX for intermittent discharges.)							
B. How many days per week?							
II. A. Give the basis of design for sizing of the wastewater facility (see instructions): OLD FACILITY DESIGNED FOR INDUSTRIAL, CONVERTED INTO WAREHOUSE & STORAGE. (NO MANUFACTURING)							
B. If new discharger, indicate anticipated discharge date:							
C. Indicate the design capacity of the treatment system: 0.002 MGD							

III. Outfall Location (see instructions)

Outfall (list)	LATITUDE			LONGITUDE			RECEIVING WATER (name)
	Degrees	Minutes	Seconds	Degrees	Minutes	Seconds	
.001	37	49	31	87	14	30	FULKERSON DITCH

Method used to obtain latitude/longitude (i.e. GPS unit, USGS topographic map coordinates, etc.)	TOPO MAP
---	-----------------

IV. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES (see instructions)

If wastewater other than domestic or sanitary is listed, complete page 4 in addition to page 1 and 2.

OUTFALL NO. (list)	OPERATION(S) CONTRIBUTING FLOW		TREATMENT	
	Operation (list)	Avg/Design Flow (include units)	List treatment components	List Codes from Table SC-1
.001	DOMESTIC & STORMWATER	2000GPD	SCREENING	I-T
	RUN OFF		ACTIVATED SLUDGE	3-A
	SANITARY WASTEWATER & ONLY		CHLORINE	2-F
	WATER THAT COMES DIRECTLY FROM FALLING ON POND		DISCHARGE TO SURFACE WATER	4-A
			LANDFILL	5-Q

V. Check the type(s) of wastewater discharged.

- ☒ Domestic (60% or more sanitary sewage)
 ☐ Oil field waste
☐ Noncontact cooling water
 ☐ Other (list):

VI. Does all water used at facility (except for human consumption) flow to a treatment plant? ☒ Yes ☐ No**VII. Discharge to other than surface waters. Check appropriate location:**

- ☐ Publicly-owned lake or impoundment Name of lake: _____
☐ Publicly-owned treatment works (POTW). Name of POTW: _____
☐ Land application of Effluent
☐ Surface injection (Check term and identify on map) ☐ lateral field; ☐ sinkhole; ☐ sinking stream; ☐ deep well
☐ Closed Circuit (Check appropriate term) ☐ Holding tank; ☐ Mechanical evaporation; ☐ Waste impoundment

VIII. Check the metals present in the discharge if applicable and indicate the quantity discharged per year. (Indicate units).

<input type="checkbox"/>	Antimony		<input type="checkbox"/>	Copper		<input type="checkbox"/>	Silver	
<input type="checkbox"/>	Arsenic		<input type="checkbox"/>	Lead		<input type="checkbox"/>	Thallium	
<input type="checkbox"/>	Beryllium		<input type="checkbox"/>	Mercury		<input type="checkbox"/>	Zinc	
<input type="checkbox"/>	Cadmium		<input type="checkbox"/>	Nickel		<input type="checkbox"/>		
<input type="checkbox"/>	Chromium		<input type="checkbox"/>	Selenium		<input type="checkbox"/>		

NONE OF THE ABOVE METALS LISTED ARE EXPECTED TO BE PRESENT.

IX. INTERMITTENT DISCHARGES (Complete this section for intermittent discharges.)

A. Number of bypass points:

(If bypass points are indicated, information below must be completed for each bypass.)

Check when bypass occurs:	<input type="checkbox"/> Wet Weather	<input type="checkbox"/> Dry Weather
Give the number of bypass incidents	per year	per year
Give average duration of bypass	hours	hours
Give average volume per incident	1,000 gallons	1,000 gallons
Give reason why bypass occurs:		

B. Number of Overflow Points:

(If discharge is from an overflow point, the information below must be completed.)

Check when overflow occurs:	<input type="checkbox"/> Wet Weather	<input type="checkbox"/> Dry Weather
Give the number of overflow incidents:	per year	per year
Give average duration of overflow:	hours	hours
Give average volume per incident:	1,000 gallons	1,000 gallons

C. Number of seasonal discharge points

Give the number of times discharge occurs per year	
Give the average volume per discharge occurrence	(1,000 gallons)
Give the average duration of each discharge	(days)
List month(s) when the discharge occurs	

X. AREA SERVED (see instructions)

NAME	ACTUAL POPULATION SERVED
WILLIAM MEDLEY	2 - PEOPLE
TOTAL POPULATION SERVED	2 - PEOPLE

(PLEASE COMPLETE THIS PAGE IF OTHER THAN DOMESTIC WASTEWATER IS DISCHARGED)

XI. COOLING WATER ADDITIVES AND THEIR COMPOSITIONS

Additive	Composition	Concentration (mg/l)

XII. EFFLUENT CHARACTERISTICS

A. Indicate results of analysis for pollutants listed below.

POLLUTANT/PARAMETER	MAX DAILY VALUE	AVG DAILY VALUE	NUMBER OF SAMPLES
BOD ₅	2 MG/L		1
TOTAL SUSPENDED SOLIDS	9 MG/L		1
FECAL COLIFORM	5 CFU		1
TOTAL RESIDUAL CHLORINE	BDL		1
OIL AND GREASE	5 MG/L		1
CHEMICAL OXYGEN DEMAND	2 MG/L		1
TOTAL ORGANIC CARBON			
AMMONIA	.811 MG/L		1
DISCHARGE FLOW	0.0072 MGD		1
PH	6.81		1
TEMPERATURE (WINTER)	11.1 C		
TEMPERATURE (SUMMER)			

B. Frequency and duration of flow:

INTERMITTENT FLOW FROM A LAGOON

XIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print):

WILLIAM MEDLEY - OWNER

TELEPHONE NUMBER (area code and number):

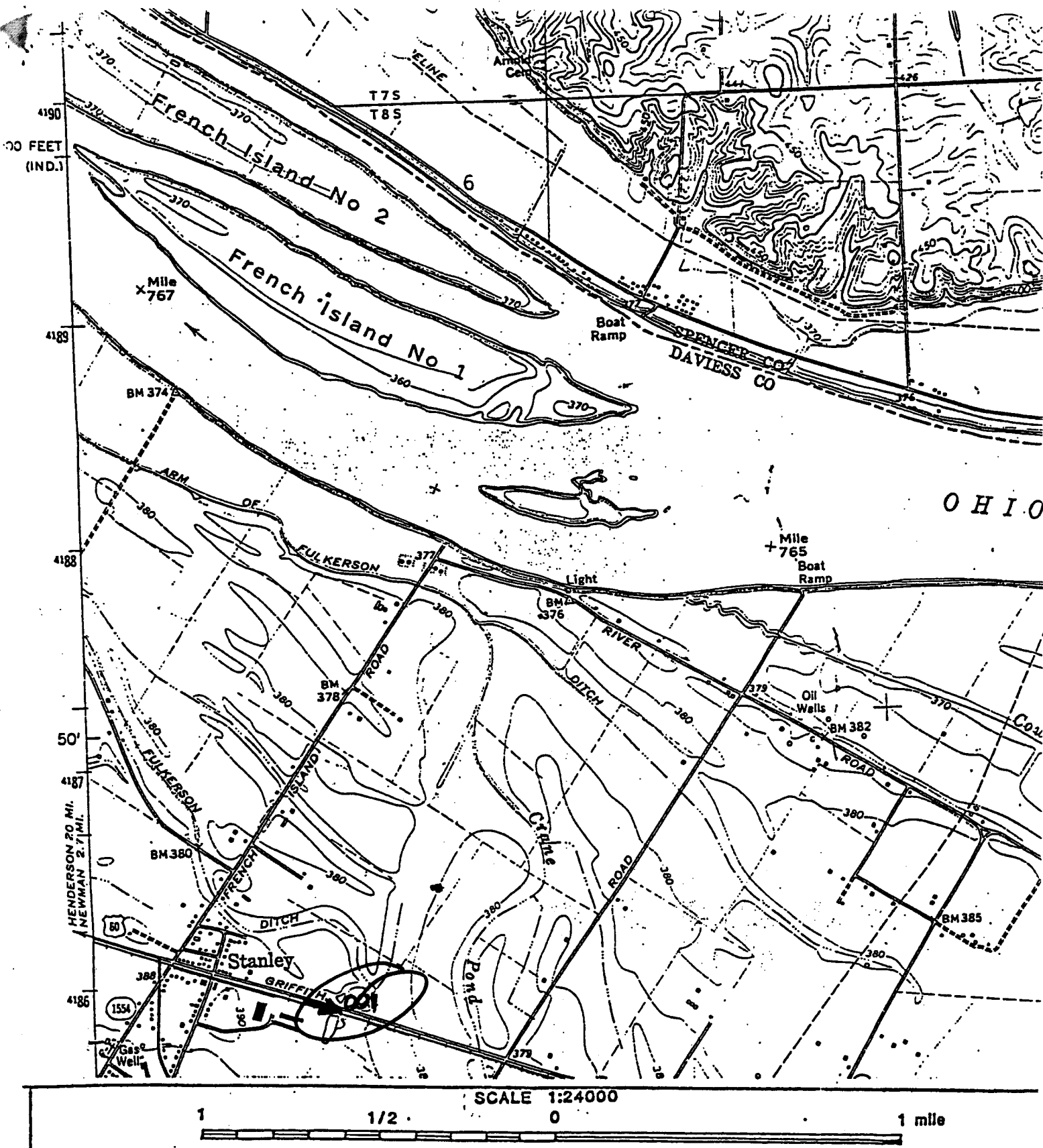
270-683-8990

SIGNATURE

Wm. H. Medley

DATE

6-3-09



OPERATIONAL MAP

OCT. 04

Date:

U.S.G.S. Quad:
Owensboro West

Facility: WILLIAM MEDLEY & ASSOCIATES

Stanley, KY.

LEGEND

- Existing Area of Operatio
- Existing Point Source Dis (active)
- Existing Point Source Dis (areas under reclan
- Existing Point Source Dis (released from NDEP)

1826 S. Chesterfield Drive
P.O. Box 661
Owensboro, KY 42302
270-684-5654

Date	Invoice #
5/29/2009	4743-P

Bill To
William Medley & Associates 1835 Lexington Ave. Owensboro, KY. 42301

Purchase Order

Item	Description	Amount
misc.	CHARGE FOR FILLING OUT PERMIT RENEWAL.	200.00

PLEASE PAY FROM THIS INVOICE. NO STATEMENT WILL BE SENT. THANK YOU
FOR YOUR BUSINESS.

Subtotal	\$200.00
Total	\$200.00
Payments/Credits	\$0.00
Balance Due	\$200.00

1826 S. Chesterfield Drive
P.O. Box 661
Owensboro, KY 42302
270-684-5654

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